



Coeur d' Alene Tribal Youth Program Participation Waiver

I give permission for _____ to participate in STS activities, events, field trips.

Waiver

I understand that the Coeur d' Alene Tribe assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the Coeur d' Alene Tribe, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I understand that the Coeur d' Alene Tribe is not responsible for personal property lost or stolen while members and/or program participants are using Coeur d' Alene Tribe. Nothing in this waiver shall be construed to in any way limit the sovereign immunity of the Coeur D' Alene Tribe.

I acknowledge the **WAIVER** set forth above.

AUTHORIZATION FOR CONSENT TO MEDICAL TREATMENT

We, the undersigned, (Legal Parents/Guardians) having legal custody of _____, minor, do hereby authorize any x-ray examination, anesthesia, medical or surgical diagnosis or treatment diagnosis or treatment and hospital service that may be rendered to the minor under general or special instructions of the family physician, _____, M.D. whether such diagnosis and/or treatment is rendered at the office of said diagnosis and/or treatment is rendered at the office of said physician or at a hospital. In the event there is no family physician we authorize representatives of the Coeur d' Alene Tribe to secure appropriate medical attention at Benewah Medical Center.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required and said physician to exercise his or her best judgment as to requirements of such diagnosis or treatment. This shall remain in effect until _____ 20__ unless sooner revoked in writing by the undersigned. Nothing in this authorization shall be construed to in any way limit the sovereign immunity of the Coeur D' Alene Tribe.

(Legal Parent/Guardian)

Date